

APPLICATION TO MOVE A MARE OUTSIDE OF KENTUCKY IN CONNECTION WITH THE KENTUCKY THOROUGHBRED BREEDERS' INCENTIVE FUND (KHRA Form 20-6) (4/06)

4063 Iron Works Parkway, Building B, Lexington, KY 40511, Phone: 859-246-2040 Fax: 859-246-2039 www.khra.ky.gov

Please go to <u>www.khra.ky.gov</u> for interactive online application beginning in the summer of 2006. Please print clearly.

BREEDER INFORMATION:

Phone Number)					, ,	
rhone Number) (Fax Number)		(E-Mail Address)				
NEW BOARDING FA		ION				
(Name of Farm)		(Farm Owner / Manager)				
Street)			(City)		(State)	(Zip)
Phone Number)	r) (Fax Number)			(E-N	(E-Mail Address)	
Date mare will begin boardi	ng at above location)					
NAME OF MARE	MARE'S YEAR	DAM SIRE		COVERING	SIRF	DATE MARE WAS OR
VAINE OF MAKE	OF BIRTH	DAMIONE		COVERNO	OIIVE	WILL BE MOVED FRO KY. (MONTH, DATE, YEAR
 A medical procedured medical situation are remain under the care. 	(initial beside the para re is required to be per nd the breeder desires	graph below to formed to proto to have an ex uring the entire	that applies): tect the health spert located c e period of tim	of the mare or thoutside of Kentuc e she is not reside	ne unborn foa ky conduct the ling in Kentuc	vill be moved from Kentucky I that involves an extraordina e procedure. The mare will ky other than the time she is
The mare has not y regarding the training	ret delivered her first fo	pal and is in ac with this App	ctive training o	utside of Kentuc erstand the mare	ky. The breed	der has provided information o Kentucky within 10 days af

Received by:	(KHRA Staff)	
Date:	Time:	(Registration Number of mare supplied by The Jockey Club)
Approval of the Executi	ve Director of the Kentucky Hors	se Racing Authority:
,	Date:	
Reported to the Kentuck	ky Horse Racing Authority on Da	ate: